

PATENT APPLICATION DECLARATION AND POWER OF ATTORNEY

I HEREBY DECLARE THAT:

My residence, post office address, and citizenship are as stated next to my name in PART A of page 2 hereof.

I believe I am the original, first, and sole inventor (if only one name is listed) or an original, first, and joint inventor (if plural names are listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled MHC CLASS II ANTIGEN PRESENTING SYSTEMS AND METHODS FOR ACTIVATING CD4+ T CELLS the specification of which:

_____ is attached hereto
X was filed on May 22, 1997 as Application Serial No. PCT/US97/08697
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of the application in accordance with Title 37, Code of Federal Regulations, Sec. 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate listed in PART B on page 2 hereof and have also identified in PART B on page 2 hereof any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) listed in PART C on page 2 hereof and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Sec. 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following as my attorneys or agents with full power of substitution to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith:

Douglas A. Bingham	Reg. No. 32,457	Emily Holmes	Reg. No. 40,652
Thomas Fitting	Reg. No. 34,163	Thomas E. Northrup	Reg. No. 33,268
Donald G. Lewis	Reg. No. 28,636		

whose mailing address for this application is:

THE SCRIPPS RESEARCH INSTITUTE
10550 North Torrey Pines Road, Mail Drop TPC-8
La Jolla, California 92037

See Page 2 attached, signed, and made a part hereof.

PATENT APPLICATION DECLARATION AND POWER OF ATTORNEY

PART A: Inventor Information And Signature

Full name of SOLE or FIRST inventor Susan R. Webb

Citizenship USA Post Office Address 10550 N. Torrey Pines Road,

Department of Immunology, IMM4, La Jolla, CA 92037

Residence (if different) 1076 Hymettus Ave., Leucadia, CA 92024

Inventor's Signature: *Susan R. Webb* Date: 4/9/99

Full name of SECOND joint inventor, if any Ola Wingvist

Citizenship Sweden Post Office Address _____

Residence (if different) _____

Second Inventor's Signature: _____ Date: _____

Full name of THIRD joint inventor, if any Lars Karlsson

Citizenship Sweden Post Office Address _____

Residence (if different) _____

Third Inventor's Signature: _____ Date: _____

Full name of FOURTH joint inventor, if any Michael R. Jackson

Citizenship UK Post Office Address _____

Residence (if different) _____

Fourth Inventor's Signature: _____ Date: _____

Full name of FIFTH joint inventor, if any Per A. Peterson

Citizenship Sweden Post Office Address _____

Residence (if different) _____

Fifth Inventor's Signature: _____ Date: _____

Full name of SIXTH joint inventor, if any _____

Citizenship _____ Post Office Address _____

Residence (if different) _____

Sixth Inventor's Signature: _____ Date: _____

PART B: Prior Foreign Application(s)

Serial No.	Country	Day/Month/Year Filed	Priority Claimed
			<input type="checkbox"/> Yes <input type="checkbox"/> No

PART C: Claim For Benefit of Filing Date of Earlier U.S. Application(s)

Serial No.	Filing Date	Status:
60/018,175	5/23/96	<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Abandoned
		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned

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PART A: Inventor Information And Signature

Full name of SOLE or FIRST inventor Susan R. Webb
Citizenship USA Post Office Address _____

Residence (if different) _____

Inventor's Signature: _____ Date: _____

Full name of SECOND joint inventor, if any Ola Wingvist
Citizenship Sweden Post Office Address Luthagsespl. 9B
S-751 85 Uppsala, SWEDEN

Residence (if different) _____

Second Inventor's Signature: [Signature] Date: 990320

Full name of THIRD joint inventor, if any Lars Karlsson
Citizenship Sweden Post Office Address _____

Residence (if different) _____

Third Inventor's Signature: _____ Date: _____

Full name of FOURTH joint inventor, if any Michael R. Jackson
Citizenship UK Post Office Address _____

Residence (if different) _____

Fourth Inventor's Signature: _____ Date: _____

Full name of FIFTH joint inventor, if any Per A. Peterson
Citizenship Sweden Post Office Address _____

Residence (if different) _____

Fifth Inventor's Signature: _____ Date: _____

Full name of SIXTH joint inventor, if any _____
Citizenship _____ Post Office Address _____

Residence (if different) _____

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Citizenship USA Post Office Address Work: The Scripps Research Institute, IMM-4,
10555 North Torrey Pines Road, La Jolla, CA 92037

Residence (if different) _____

Inventor's Signature: _____ Date: _____

Full name of SECOND joint inventor, if any Ola Wingvist
Citizenship Sweden Post Office Address Work: Department of Internal Medicine,
Uppsala University Hospital, S-751 85, Uppsala, Sweden

Residence (if different) _____

Second Inventor's Signature: _____ Date: _____

Full name of THIRD joint inventor, if any Lars Karlsson
Citizenship Sweden Post Office Address Work: RWJPRI, 3535 General Atomics Court,
Suite 100, San Diego, CA 92121

Residence (if different) 554 Rosemont Street, La Jolla, CA 92037, U.S.

Third Inventor's Signature: *Lars Karlsson* Date: 3/23/99

Full name of FOURTH joint inventor, if any Michael R. Jackson
Citizenship UK Post Office Address Work: RWJPRI, 3535 General Atomics Court,
Suite 100, San Diego, CA 92121

Residence (if different) 12728 Via Felino, Del Mar, CA 92014

Fourth Inventor's Signature: *Michael R. Jackson* Date: 3/22/98

Full name of FIFTH joint inventor, if any Per A. Peterson
Citizenship Sweden Post Office Address Work: RWJPRI, 3535 General Atomics Court,
Suite 100, San Diego, CA 92121

Residence (if different) P.O. Box 2323 Rancho Santa Fe, CA 92067

Fifth Inventor's Signature: *Per A. Peterson* Date: 3/23/99

Full name of SIXTH joint inventor, if any _____
Citizenship _____ Post Office Address _____

Residence (if different) _____

Sixth Inventor's Signature: _____ Date: _____

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